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CONFIRMATION NO. 8472

SERIAL NUMBER 09/764,630	FILING OR 371(c) DATE 01/18/2001 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. L-F / 180DV
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APPLICANTS

James H. Goethel, Cincinnati, OH;
 Robert G. Bergen, West Chester, OH;

W 11/26/06

** CONTINUING DATA *****

This application is a DIV of 09/245,229 02/05/1999 PAT 6,196,999

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>W</u> Examiner's Signature Initials				

ADDRESS

26875

TITLE

Syringe/plunger coupling

FILING FEE RECEIVED 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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